

Case Number:	CM15-0208337		
Date Assigned:	10/27/2015	Date of Injury:	09/14/2012
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Minnesota
 Certification(s)/Specialty: Chiropractor

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male, who sustained an industrial injury on 9-14-2012. Medical records indicate the worker is undergoing treatment for cervical disc degeneration, lumbar and cervical disc displacement, lumbar radiculopathy, low back pain, right carpal tunnel syndrome, left cubital syndrome and cervical radiculitis. A recent progress report dated 9-2-2015, reported the injured worker complained of low back pain radiating to the bilateral lower extremities-right worse than left, rated 7-8 out of 10. Physical examination revealed paralumbar spasm and tenderness to palpation, trapezial tenderness and asymmetry of the neck and shoulders. A progress noted from 9-26-2015 reported the injured worker complained of neck pain rated 3-4 out of 10, low back pain rated 5 out of 10 and bilateral wrist-hand pain rated 5 out of 10. Treatment to date has included epidural steroid injection that was not effective, physical therapy and medication management. The physician is requesting Chiropractic therapy 2 times a week for 6 weeks, cervical and lumbar spine. On 10-12-2015, the Utilization Review noncertified the request for Chiropractic therapy 2 times a week for 6 weeks, cervical and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic therapy 2 times a week for 6 weeks, cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS Chronic Pain Guidelines above, manipulation of the low back (and neck) is recommended as an option of 6 trial visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The doctor requested chiropractic therapy 2 times per week for 6 weeks or 12 visits to the cervical and lumbar spine. The request for treatment (12 visits) is not according to the above guidelines (6 visits) and therefore the treatment is not medically necessary and appropriate.